

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/559980
APPLICANT(S)

FILING DATE

Att. 19

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	7		↓	↓	↓	↓
TOTAL DEP.	18	←	←	←	←	←
TOTAL CLAIMS	25					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						